

TEXAS PEACE OFFICER'S ACCIDENT REPORT ST-3 (EFF. 09/01/2001)

Pg 1 of 11

Page 1 of 3

MAIL TO: ACCIDENT RECORDS, TEXAS DEPARTMENT OF PUBLIC SAFETY, PO BOX 4087, AUSTIN TX 78773-0350

PLACE WHERE ACCIDENT OCCURRED COUNTY Galveston		CITY OR TOWN Texas City	
IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN _____ MILES		SHOW ONLY IF INSIDE CITY LIMITS NORTH <input type="checkbox"/> SOUTH <input type="checkbox"/> EAST <input type="checkbox"/> WEST <input type="checkbox"/> OF _____ CITY OR TOWN	
ROAD ON WHICH ACCIDENT OCCURRED BLOCK NUMBER 4600 STREET OR ROAD NAME IH45 North ROUTE NUMBER OR STREET CODE _____		CONST. <input type="checkbox"/> YES SPEED <input type="checkbox"/> NO LIMIT 65	
INTERSECTING STREET OR RR X'ING NUMBER BLOCK NUMBER _____ STREET OR ROAD NAME _____ ROUTE NUMBER OR STREET CODE _____		CONST. <input type="checkbox"/> YES SPEED <input type="checkbox"/> NO LIMIT _____	
NOT AT INTERSECTION 3/4 <input type="checkbox"/> FT. <input type="checkbox"/> <input checked="" type="checkbox"/> M. N S E W		Holland Road	

LOC. NO. **05-10172**DO NOT WRITE
IN THIS SPACE

DPS NO.

LOC. _____

CODE _____

SEVERITY _____

FAT. REC. _____

DR. REC. _____

DATE OF ACCIDENT October 18 2005	DAY OF WEEK Tuesday	HOUR 8:52	<input checked="" type="checkbox"/> A.M. IF EXACTLY NOON <input type="checkbox"/> P.M. OR MIDNIGHT, SO STATE
--	----------------------------	------------------	---

UNIT NO. 1 - MOTOR VEHICLE		VEH IDENT NO 1G1ND52F34M598780		IF BODY STYLE=VAN OR BUS, INDICATE SEATING CAPACITY _____	
YEAR MODEL 2004	COLOR & MAKE Silver Chevrolet	MODEL NAME Malibu Classic	BODY STYLE 4 Door	LICENSE PLATE 06 Tx Z59WMP	
DRIVER'S NAME Powledge Adam Wayne		ADDRESS (STREET, CITY, STATE, ZIP) 2027 Fairfield Ct. South League City, Tx 77573		YEAR PHONE NUMBER 281-557-0559	
DRIVER'S LICENSE Tx 19502651		CLASS/TYPE C	DOB 10 04 1966	RACE W SEX M OCCUPATION _____	
SPECIMEN TAKEN (ALCOHOL/DRUG ANALYSIS) 1-BREATH 2-BLOOD 3-OTHER 4-NONE 5-REFUSED 4		ALCOHOL/DRUG ANALYSIS RESULT _____		PEACE OFFICER, EMS DRIVER FIRE FIGHTER ON EMERGENCY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
LESSEE <input type="checkbox"/> OWNER <input checked="" type="checkbox"/>		NAME (ALWAYS SHOW LESSEE IF LEASED, OTHERWISE SHOW OWNER) Same As Driver			
LIABILITY INSURANCE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		ADDRESS (STREET, CITY, STATE, ZIP) _____		CITY _____	STATE _____
INSURANCE COMPANY NAME _____		POLICY NUMBER _____		VEHICLE DAMAGE RATING FD-7	

UNIT NO. 2	MOTOR VEHICLE <input type="checkbox"/> TRAIN <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER <input type="checkbox"/>	PEDALCYCLIST <input type="checkbox"/>	VEH IDENT NO _____	IF BODY STYLE=VAN OR BUS, INDICATE SEATING CAPACITY _____	
YEAR MODEL _____	COLOR & MAKE _____	MODEL NAME _____	BODY STYLE _____	LICENSE PLATE _____	
DRIVER'S NAME _____		ADDRESS (STREET, CITY, STATE, ZIP) _____		YEAR PHONE NUMBER _____	
DRIVER'S LICENSE _____		CLASS/TYPE _____	DOB _____	RACE _____	SEX _____ OCCUPATION _____
SPECIMEN TAKEN (ALCOHOL/DRUG ANALYSIS) 1-BREATH 2-BLOOD 3-OTHER 4-NONE 5-REFUSED <input type="checkbox"/>		ALCOHOL/DRUG ANALYSIS RESULT _____		PEACE OFFICER, EMS DRIVER FIRE FIGHTER ON EMERGENCY? <input type="checkbox"/> YES <input type="checkbox"/> NO	
LESSEE <input type="checkbox"/> OWNER <input type="checkbox"/>		NAME (ALWAYS SHOW LESSEE IF LEASED, OTHERWISE SHOW OWNER) _____			
LIABILITY INSURANCE <input type="checkbox"/> YES <input type="checkbox"/> NO		ADDRESS (STREET, CITY, STATE, ZIP) _____		CITY _____	STATE _____
INSURANCE COMPANY NAME _____		POLICY NUMBER _____		VEHICLE DAMAGE RATING _____	

DAMAGE TO PROPERTY OTHER THAN VEHICLES

Traffic sign support beam

Texas Dept. Of Transportation

13

\$

Unknown

OBJECT

NAME AND ADDRESS OF OWNER

FEET FROM CURB

DAMAGE ESTIMATE

LIGHT CONDITION 1	WEATHER 1	SURFACE CONDITION 1	TYPE ROAD SURFACE 6	DESCRIBE ROAD CONDITIONS (INVESTIGATOR'S OPINION)
1-DAYLIGHT 2-DAWN 3-DARK-NOT LIGHTED 4-DARK-LIGHTED 5-DUSK	1-CLEAR CLOUDY 2-RAINING 3-SNOWING 4-FOG 5-BLOWING DUST	6-SMOKE 7-SLEETING 8-HIGH WINDS 9-OTHER	1-DRY 2-WET 3-MUDDY 4-SNOWY/ICY 5-OTHER	Grass
Unit #1 left the main cement road and drove in the grass median				

IN YOUR OPINION, DID THIS ACCIDENT RESULT IN AT LEAST \$1,000.00 DAMAGE TO ANY ONE PERSON'S PROPERTY? ☒ YES ☐ NO

CHARGES FILED	NAME None	CHARGE _____	CITATION NO. _____
	NAME None	CHARGE _____	CITATION NO. _____

TIME NOTIFIED OF ACCIDENT 10-18-05 8:52am	M HOW Radio Dispatched	TIME ARRIVED AT SCENE OF ACCIDENT 10-18-05 8:57am
TYPED OR PRINTED NAME OF INVESTIGATOR Corporal C. Rich	DATE REPORT MADE 10-18-05	IS REPORT COMPLETE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
SIGNATURE OF INVESTIGATOR <i>C. Rich</i>	ID NO. 018	DEPARTMENT Texas City PD
		DIST./AREA 5

Witness #1 Linda Paige Gilman
Witness #2 Rick Accuso

ADDRESS
820 - 26th Street, San Diego, Ca 92102
Same as witness #1

PHONE / OTHER
619-235-8937 or 619-807-2241
Same as above

SOLICITATION (SOL)	EJECTED	CODE FOR TYPE RESTRAINT USED	AIR BAG CODE	HELMET CODE	CODE FOR INJURY SEVERITY	ALCOHOL/DRUG ANALYSIS (COMPLETE IF CASUALTIES NOT IN MOTOR VEHICLE)
INDICATES PERSON'S DESIRE TO RECEIVE CONTACT FROM PERSONS SEEKING PROFESSIONAL EMPLOYMENT AS/FOR AN ATTORNEY, CHIROPRACTOR, PHYSICIAN, SURGEON, PRIVATE INVESTIGATOR, OR ANY OTHER PERSON REGISTERED OR LICENSED BY A HEALTH CARE REGULATORY AGENCY. Y-O-X: TO SOLICIT N-NO SOLICITATION	A - NOT APPLICABLE Y - YES N - NO P - PARTIALLY U - UNKNOWN	A - SEATBELT & SHOULDER STRAP B - SEATBELT & NO SHOULDER STRAP C - CHILD RESTRAINT E - SHOULDER STRAP ONLY N - NONE	Y - DEPLOYED N - NO DEPLOYMENT U - UNKNOWN IF DEPLOYED	1 - WORK-DAMAGED 2 - WORK-NOT DAMAGED 3 - WORK-UNK IF DAMAGED 4 - NOT WORK 5 - UNK IF WORK	K - KILLED A - INCAPACITATING INJURY B - NON INCAPACITATING C - POSSIBLE INJURY N - NOT INJURED	1 - BREATH 2 - BLOOD 3 - OTHER 4 - NONE 5 - REFUSED

UNIT NO. 1	DAMAGE RATING	FD-7	TOWED DUE TO DAMAGE	YES	NO	VEHICLE REMOVED TO	BY			
						Best Wrecker - Texas City, Tx	Their wrecker			
OCCUPANT'S POSITION	NAME (LAST NAME FIRST)	ADDRESS (STREET, CITY, STATE, ZIP)	SOL	EJECTED	TYPE RESTRAINT USED	AIRBAG	HELMET	AGE	SEX	INJURY CODE
1 DRIVER	SEE FRONT		N	Y	?	U	4	38	M	K
2 FR	Melton, Jacob	Same As Driver	N	N	?	U	4	12	M	K
3 BR	Powledge, Christian	Same As Driver	N	N	?	N	4	10	M	K
4 BM	Powledge, Rachel	Same As Driver	N	N	?	N	4	7	F	K
5 BL	Powledge, Isaac	Same As Driver	N	N	?	N	4	6	M	K

UNIT NO. 2 (COMPLETE ONLY IF UNIT NO. 2 WAS A MOTOR VEHICLE)	DAMAGE RATING	TOWED DUE TO DAMAGE	YES	NO	VEHICLE REMOVED TO	BY				
OCCUPANT'S POSITION	NAME (LAST NAME FIRST)	ADDRESS (STREET, CITY, STATE, ZIP)	SOL	EJECTED	TYPE RESTRAINT USED	AIRBAG	HELMET	AGE	SEX	INJURY CODE
6 DRIVER	SEE FRONT									
7										
8										
9										
10										

COMPLETE IF CASUALTIES NOT IN MOTOR VEHICLE

PEDESTRIAN, PEDACYCLIST ETC.	CASUALTY NAME (LAST NAME FIRST)	CASUALTY ADDRESS (STREET, CITY STATE, ZIP)	SOL	TYPE SPECIMEN TAKEN	RESULT	HELMET	AGE	SEX	INJURY CODE

DISPOSITION OF KILLED AND INJURED

ITEM NUMBERS	TAKEN TO	BY	TIME NOTIFIED	IF AMBULANCE USED, SHOW TIME ARRIVED AT SCENE	NO. ATTENDANTS INC. DRIVER
1-5	Galveston County Medial Examiner	Transport Service			

COMPLETE THIS SECTION IF PERSON KILLED

ITEM NUMBER	DATE OF DEATH	TIME OF DEATH	ITEM NUMBER	DATE OF DEATH	TIME OF DEATH	ITEM NUMBER	DATE OF DEATH	TIME OF DEATH
1-5	10-18-05	8:52am						

INVESTIGATOR'S NARRATIVE OPINION OF WHAT HAPPENED (ATTACH SHEETS IF NECESSARY)

Unit#1 had struck another unit while southbound damaging the other units passenger side rearview mirror while on the freeway. TPCD case #05-10165. Unit #1 then drove onto the grass median between the main lanes of the freeway and the two lane feeder road. Unit #1 drove 1,419 feet in the grass median from the time it left the main lanes of the freeway until it struck a steel support beam for a traffic direction sign owned by the Texas Department Of Transportation. The vehicle split in half and caught fire killing all of the occupants. It's unknown why the driver drove in the median for such a long time.

Diagram ☒ One Way ☐ Two Way ☐ Divided

See Attached Diagram

FACTORS AND CONDITIONS LISTED ARE THE INVESTIGATOR'S OPINION

FACTORS/CONDITIONS CONTRIBUTING

UNIT 1	1	2	3
22			
23			

OTHER FACTORS/CONDITIONS MAY OR MAY NOT HAVE CONTRIBUTED

UNIT 1	1	2

- 0-NO CONTROL OR INOPERATIVE
- 1-OFFICER OR FLAGMAN
- 2-STOP AND GO SIGNAL
- 3-STOP SIGN
- 4-FLASHING RED LIGHT

TRAFFIC CONTROL

- 5-TURN MARKS
- 6-WARNING SIGN
- 7-RR GATES OR SIGNALS
- 8-YIELD SIGN
- 9-CENTER STRIPE OR DIVIDER
- 10-NO PASSING ZONE
- 11-OTHER CONTROL

9

- 1. ANIMAL ON ROAD - DOMESTIC
- 2. ANIMAL ON ROAD - WILD
- 3. BACKED WITHOUT SAFETY
- 4. CHANGED LANE WHEN UNSAFE
- 5. DEFECTIVE OR NO HEAD LAMPS
- 6. DEFECTIVE OR NO STOP LAMPS
- 7. DEFECTIVE OR NO TAIL LAMPS
- 8. DEFECTIVE OR NO TURN SIGNAL LAMPS
- 9. DEFECTIVE OR NO TRAILER BRAKES
- 10. DEFECTIVE OR NO VEHICLE BRAKES
- 11. DEFECTIVE STEERING MECHANISM
- 12. DEFECTIVE OR SLICK TIRES
- 13. DEFECTIVE TRAILER HITCH
- 14. DISABLED IN TRAFFIC LANE
- 15. DISREGARD STOP AND GO SIGNAL
- 16. DISREGARD STOP SIGN OR LIGHT
- 17. DISREGARD TURN MARKS AT INTERSECTION
- 18. DISREGARD WARNING SIGN AT CONSTRUCTION

- 19. DISTRACTION IN VEHICLE
- 20. DRIVER INATTENTION
- 21. DROVE WITHOUT HEADLIGHTS
- 22. FAILED TO CONTROL SPEED
- 23. FAILED TO DRIVE IN SINGLE LANE
- 24. FAILED TO GIVE HALF OF ROADWAY
- 25. FAILED TO HEED WARNING SIGN
- 26. FAILED TO PASS TO LEFT SAFELY
- 27. FAILED TO PASS TO RIGHT SAFELY
- 28. FAILED TO SIGNAL OR GAVE WRONG SIGNAL
- 29. FAILED TO STOP AT PROPER PLACE
- 30. FAILED TO STOP FOR SCHOOL BUS
- 31. FAILED TO STOP FOR TRAIN
- 32. FAILED TO YIELD ROW - EMERGENCY VEHICLE
- 33. FAILED TO YIELD ROW - OPEN INTERSECTION
- 34. FAILED TO YIELD ROW - PRIVATE DRIVE
- 35. FAILED TO YIELD ROW - STOP SIGN
- 36. FAILED TO YIELD ROW - TO PEDESTRIAN

- 37. FAILED TO YIELD ROW - TURNING LEFT
- 38. FAILED TO YIELD ROW - TURN ON RED
- 39. FAILED TO YIELD ROW - YIELD SIGN
- 40. FATIGUED OR ASLEEP
- 41. FAULTY EVASIVE ACTION
- 42. FIRE IN VEHICLE
- 43. FLEEING OR EVADING POLICE
- 44. FOLLOWED TOO CLOSELY
- 45. HAD BEEN DRINKING
- 46. HANDICAPPED DRIVER (EXPLAIN IN NARRATIVE)
- 47. ILL (EXPLAIN IN NARRATIVE)
- 48. IMPAIRED VISIBILITY (EXPLAIN IN NARRATIVE)
- 49. IMPROPER START FROM PARKED POSITION
- 50. LOAD NOT SECURED
- 51. OPENED DOOR INTO TRAFFIC LANE
- 52. OVERSIZE VEHICLE OR LOAD
- 53. OVERTAKE AND PASS INSUFFICIENT CLEARANCE
- 54. PARKED AND FAILED TO SET BRAKES
- 55. PARKED IN TRAFFIC LANE

- 56. PARKED WITHOUT LIGHTS
- 57. PASSED IN NO PASSING LANE
- 58. PASSED ON RIGHT SHOULDER
- 59. PEDESTRIAN FAILED TO YIELD ROW TO VEHICLE
- 60. SPEEDING - UNSAFE (UNDER LIMIT)
- 61. SPEEDING - OVER LIMIT
- 62. TAKING MEDICATION (EXPLAIN IN NARRATIVE)
- 63. TURNED IMPROPERLY - CUT CORNER ON LEFT
- 64. TURNED IMPROPERLY - WIDE RIGHT
- 65. TURNED IMPROPERLY - WRONG LANE
- 66. TURNED WHEN UNSAFE
- 67. UNDER INFLUENCE - ALCOHOL
- 68. UNDER INFLUENCE - DRUG
- 69. WRONG SIDE - APPROACH OR IN INTERSECTION
- 70. WRONG SIDE - NOT PASSING
- 71. WRONG WAY - ONE WAY ROAD
- 72. DRIVER INATTENTION - (CELL / MOBILE PHONE USE)
- 73. ROAD RAGE
- 74. OTHER FACTOR (WRITE ON LINE BELOW)

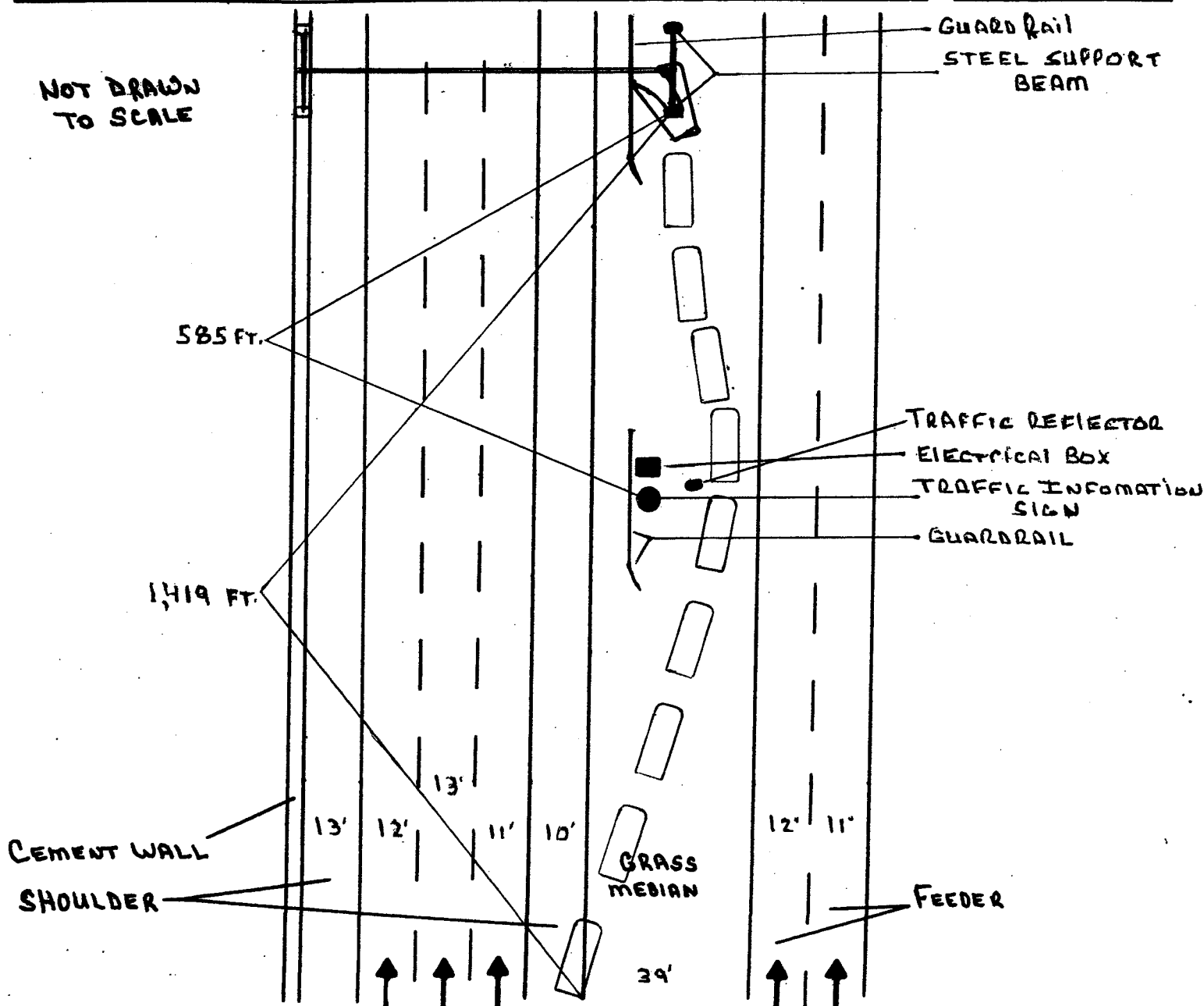
Witness # 3 Randy Klibert
Witness #ADDRESS
1911 canyon Creek Ct. , League City, Tx 77561PHONE / OTHER
409-939-4717 or 409-744-1769

TEXAS PEACE OFFICER'S ACCIDENT REPORT ST-3 (REV. 1/1/86)

MAIL TO: ACCIDENT RECORDS, TEXAS DEPARTMENT OF PUBLIC SAFETY, PO BOX 4087, AUSTIN TX 78773-0087

PLACE WHERE ACCIDENT OCCURRED		CITY OR TOWN		Texas City	
COUNTY		Galveston		SHOW ONLY IF NEAR CITY LIMITS	
IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN		MILES		NORTH S E W OF	
ROAD ON WHICH ACCIDENT OCCURRED		CONSTR. ZONE		SPEED LIMIT	
BLOCK NUMBER		STREET OR ROAD NAME		ROUTE NUMBER OR STREET	
INTERSECTING OR RAIL CROSSING NUMBER		CONSTR. ZONE		SPEED LIMIT	
NOT AT INTERSECTION		BLOCK NUMBER		STREET OR ROAD NAME	
3/4		FT. ML. N S E W		OF HOLLAND ROAD	
DATE OF ACCIDENT		DAY OF WEEK		HOUR	
10-18-2005		TUESDAY		8:52	
				A.M. P.M. IF EXACTLY NOON OR MIDNIGHT, SO STATE	

LOG. NO.	05-1012
DO NOT WRITE IN THIS SPACE	DPS NO.
LOC.	
CODE	
SEVERITY	
FAT. REC.	
DR. REC.	



TIME NOTIFIED OF ACCIDENT	10-18-05 8:52 AM	HOW	Radio Dispatched	TIME ARRIVED AT SCENE OF ACCIDENT	10-18-05 8:57 AM
TYPED OR PRINTED NAME OF INVESTIGATOR	C. Rich	DATE REPORT MADE	10-18-05	IS REPORT COMPLETE	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
SIGNATURE OF INVESTIGATOR	C. Rich	ID NO.	018	DEPARTMENT	Texas City Police
				DIST./AREA	

PLACE WHERE ACCIDENT OCCURRED COUNTY Galveston		CITY OR TOWN Texas City	
IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN _____ MILES		SHOW ONLY IF INSIDE CITY LIMITS NORTH <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> OF _____ CITY OR TOWN	
ROAD ON WHICH ACCIDENT OCCURRED BLOCK NUMBER 5600 STREET OR ROAD NAME IH 45 North ROUTE NUMBER OR STREET CODE _____		CONST. <input type="checkbox"/> YES SPEED <input type="checkbox"/> NO LIMIT 65	
INTERSECTING STREET OR RR X'ING NUMBER BLOCK NUMBER _____ STREET OR ROAD NAME _____ ROUTE NUMBER OR STREET CODE _____		CONST. <input type="checkbox"/> YES SPEED <input type="checkbox"/> NO LIMIT _____	
NOT AT INTERSECTION 1/4 <input type="checkbox"/> FT. <input type="checkbox"/> <input checked="" type="checkbox"/> MI. <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Holland Road		SHOW MILEPOST OR NEAREST INTERSECTING NUMBERED HIGHWAY. IF NONE, SHOW NEAREST INTERSECTING STREET OR REFERENCE POINT.	

LOC. NO. **05-10165**

DO NOT WRITE IN THIS SPACE	DPS NO.
LOC. _____	
CODE _____	
SEVERITY _____	
FAT. REC. _____	
DR. REC. _____	

DATE OF ACCIDENT October 18 2005	DAY OF WEEK Tuesday	HOUR 8:59	<input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M.	IF EXACTLY NOON OR MIDNIGHT, SO STATE
--	----------------------------	------------------	--	---------------------------------------

UNIT NO. 1 - MOTOR VEHICLE	VEH IDENT NO 1G1ND52F34M598780	IF BODY STYLE=VAN OR BUS, INDICATE SEATING CAPACITY
YEAR MODEL 2004 COLOR & MAKE Silver Chevrolet	MODEL NAME Malibu Classic BODY STYLE 4 Door	LICENSE PLATE 06 Tx Z59WMP
DRIVER'S NAME Powledge Adam Wayne	ADDRESS (STREET, CITY, STATE, ZIP) 2027 Fairfield St. South League City, Tx 77573	PHONE NUMBER 281-557-0559
DRIVER'S LICENSE Tx 19502651 C	DOB 10 04 1966 RACE M SEX _____ OCCUPATION _____	
SPECIMEN TAKEN (ALCOHOL/DRUG ANALYSIS) 1-BREATH 2-BLOOD 3-OTHER 4-NONE 5-REFUSED <input type="checkbox"/>	ALCOHOL/DRUG ANALYSIS RESULT _____	PEACE OFFICER, EMS DRIVER FIRE FIGHTER ON EMERGENCY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
LESSEE <input type="checkbox"/> OWNER <input checked="" type="checkbox"/>	NAME (ALWAYS SHOW LESSEE IF LEASED, OTHERWISE SHOW OWNER) Same As Driver	
LIABILITY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	ADDRESS (STREET, CITY, STATE, ZIP) _____ CITY _____ STATE _____	
INSURANCE <input checked="" type="checkbox"/>	INSURANCE COMPANY NAME _____ POLICY NUMBER _____	VEHICLE DAMAGE RATING LD-1

UNIT NO. 2	MOTOR VEHICLE <input checked="" type="checkbox"/> TRAIN <input type="checkbox"/> PEDALCYCLIST <input type="checkbox"/>	VEH IDENT NO 1G1ZT52855F272264	IF BODY STYLE=VAN OR BUS, INDICATE SEATING CAPACITY
YEAR MODEL 2005 COLOR & MAKE Green Chevrolet	MODEL NAME Malibu BODY STYLE 4 Door	LICENSE PLATE 06 Tx 788CYK	
DRIVER'S NAME Gilman Linda Paige	ADDRESS (STREET, CITY, STATE, ZIP) 820 - 26th Street San Deigo, Ca. 92102	PHONE NUMBER 619-807-2241	
DRIVER'S LICENSE Ca N2390464C	DOB 08 15 1948 RACE W SEX F OCCUPATION Retired		
SPECIMEN TAKEN (ALCOHOL/DRUG ANALYSIS) 1-BREATH 2-BLOOD 3-OTHER 4-NONE 5-REFUSED <input type="checkbox"/>	ALCOHOL/DRUG ANALYSIS RESULT N/A	PEACE OFFICER, EMS DRIVER FIRE FIGHTER ON EMERGENCY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
LESSEE <input type="checkbox"/> OWNER <input checked="" type="checkbox"/>	NAME (ALWAYS SHOW LESSEE IF LEASED, OTHERWISE SHOW OWNER) Rosedale Dodge Hyundai		
LIABILITY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	ADDRESS (STREET, CITY, STATE, ZIP) 500 Ford Road, Minneapolis Mn. 55426		
INSURANCE <input type="checkbox"/>	INSURANCE COMPANY NAME Wawaensa Ins. POLICY NUMBER # FA9256066	VEHICLE DAMAGE RATING RD-1	

DAMAGE TO PROPERTY OTHER THAN VEHICLES

None	NAME AND ADDRESS OF OWNER _____	FEET FROM CURB _____	DAMAGE ESTIMATE \$ _____
------	---------------------------------	----------------------	--------------------------

LIGHT CONDITION 1	WEATHER 1	SURFACE CONDITION 1	TYPE ROAD SURFACE 2	DESCRIBE ROAD CONDITIONS (INVESTIGATOR'S OPINION) Normal
1-DAYLIGHT 2-DAWN 3-DARK-NOT LIGHTED 4-DARK-LIGHTED 5-DUSK	1-CLEAR/CLOUDY 2-RAINING 3-SNOWING 4-FOG 5-BLOWING DUST	6-SMOKE 7-SLEETING 8-HIGH WINDS 9-OTHER	1-BLACKTOP 2-CONCRETE 3-GRAVEL 4-SHELL 5-DIRT 6-OTHER	

IN YOUR OPINION, DID THIS ACCIDENT RESULT IN AT LEAST \$1,000.00 DAMAGE TO ANY ONE PERSON'S PROPERTY? ☐ YES ☒ NO

CHARGES FILED	NAME None CHARGE _____ CITATION NO. _____
NAME None CHARGE _____ CITATION NO. _____	

TIME NOTIFIED OF ACCIDENT 10-18-05 8:52am M HOW Radio Dispatched	TIME ARRIVED AT SCENE OF ACCIDENT 10-18-05 8:56am M
TYPED OR PRINTED NAME OF INVESTIGATOR Corporal C. Rich	DATE REPORT MADE 10-18-05 IS REPORT COMPLETE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
SIGNATURE OF INVESTIGATOR C. Rich ID NO. 018 DEPARTMENT Texas City PD DIST./AREA 5	

Witness #1
Witness # Randy KlibertADDRESS
1911 Canyon Creek Ct., Pearland, Texas 77581PHONE / OTHER
409-939-4717 or 409-744-1769

SOLICITATION (SOL)	EJECTED	CODE FOR TYPE RESTRAINT USED	AIR BAG CODE	HELMET CODE	CODE FOR INJURY SEVERITY	ALCOHOL/DRUG ANALYSIS (COMPLETE IF CASUALTIES NOT IN MOTOR VEHICLE)
INDICATES PERSON'S DESIRE TO RECEIVE CONTACT FROM PERSONS SEEKING PROFESSIONAL EMPLOYMENT AS FOR AN ATTORNEY, CHIROPRACTOR, PHYSICIAN, SURGEON, PRIVATE INVESTIGATOR, OR ANY OTHER PERSON REGISTERED OR LICENSED BY A HEALTH CARE REGULATORY AGENCY. Y-D-K, TO SOLICIT N-NO SOLICITATION	A - NOT APPLICABLE Y - YES N - NO P - PARTIALLY U - UNKNOWN	A - SEATBELT & SHOULDER STRAP B - SEATBELT & NO SHOULDER STRAP C - CHILD RESTRAINT E - SHOULDER STRAP ONLY N - NONE	Y - DEPLOYED N - NO DEPLOYMENT U - UNKNOWN IF DEPLOYED	1 - WORK-DAMAGED 2 - WORK-NOT DAMAGED 3 - WORK-UNK IF DAMAGED 4 - NOT WORK 5 - UNK IF WORK	K - KILLED A - INCAPACITATING INJURY B - NON INCAPACITATING C - POSSIBLE INJURY N - NOT INJURED	1 - BREATH 2 - BLOOD 3 - OTHER 4 - NONE 5 - REFUSED

UNIT NO. 1	TOWED DUE TO DAMAGE	VEHICLE REMOVED TO								
DAMAGE RATING	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	BY								
LD-1		Best Wrecker - Texas City, Tx								
OCCUPANT'S POSITION	COMPLETE ALL DATA ON ALL OCCUPANTS' NAMES, POSITIONS, RESTRAINTS USED, ETC.; HOWEVER, IT IS NOT NECESSARY TO SHOW ADDRESSES UNLESS KILLED OR INJURED.		SOL	EJECTED	TYPE RESTRAINT USED	AIRBAG	HELMET	AGE	SEX	INJURY CODE
NAME (LAST NAME FIRST)	ADDRESS (STREET, CITY, STATE, ZIP)									
1 DRIVER	SEE FRONT		N	N	?	N	4	38	M	N
2 FR	Melton, Jacob	Same As Driver	N	N	?	N	4	12	M	N
3 BR	Powledge, Christian	Same As Driver	N	N	?	N	4	10	M	N
4 BM	Powledge, Rachel	Same As Driver	N	N	?	N	4	7	F	N
5 BL	Powledge, Isaac	Same As Driver	N	N	?	N	4	6	M	N

UNIT NO. 2 (COMPLETE ONLY IF UNIT NO. 2 WAS A MOTOR VEHICLE)	TOWED DUE TO DAMAGE	VEHICLE REMOVED TO								
DAMAGE RATING	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	BY								
LD-1		Driveable								
OCCUPANT'S POSITION	COMPLETE ALL DATA ON ALL OCCUPANTS' NAMES, POSITIONS, RESTRAINTS USED, ETC.; HOWEVER, IT IS NOT NECESSARY TO SHOW ADDRESSES UNLESS KILLED OR INJURED.		SOL	EJECTED	TYPE RESTRAINT USED	AIRBAG	HELMET	AGE	SEX	INJURY CODE
NAME (LAST NAME FIRST)	ADDRESS (STREET, CITY, STATE, ZIP)									
6 DRIVER	SEE FRONT		N	N	A	N	4	57	F	N
7 FR	Accurso, Rick	Same As Driver	N	N	A	N	4	59	M	N
8										
9										
10										

COMPLETE IF CASUALTIES NOT IN MOTOR VEHICLE

PEDESTRIAN, PEDACYCLIST ETC.	CASUALTY NAME (LAST NAME FIRST)	CASUALTY ADDRESS (STREET, CITY STATE, ZIP)	SOL	TYPE SPECIMEN TAKEN	RESULT	HELMET	AGE	SEX	INJURY CODE
N/A									
N/A									

DISPOSITION OF KILLED AND INJURED			IF AMBULANCE USED, SHOW		
ITEM NUMBERS	TAKEN TO	BY	TIME NOTIFIED	TIME ARRIVED AT SCENE	NO. ATTENDANTS INC. DRIVER
N/A					
N/A					

COMPLETE THIS SECTION IF PERSON KILLED

ITEM NUMBER	DATE OF DEATH	TIME OF DEATH	ITEM NUMBER	DATE OF DEATH	TIME OF DEATH	ITEM NUMBER	DATE OF DEATH	TIME OF DEATH
N/A								

INVESTIGATOR'S NARRATIVE OPINION OF WHAT HAPPENED (ATTACH SHEETS IF NECESSARY)

Unit #1 and #2 were South bound on IH45. Unit #2 was in the outside lane. At this time no witness's can confirm where unit #1 had come from before impact with unit #2. It's possible that unit #1 was on the on ramp to enter the freeway from the feeder road and struck unit #2 or unit #1 was traveling on the emergency shoulder and struck unit #2. After impact, unit #1 traveled down the grass median for approx. 1/4 mile and struck a steel support beam used to hold up a traffic sign. Unit #1 then caught fire and killed 5 occupants.

Diagram ☒ One Way ☐ Two Way ☐ Divided

See Attached Diagram

FACTORS AND CONDITIONS LISTED ARE THE INVESTIGATOR'S OPINION

FACTORS/CONDITIONS CONTRIBUTING

OTHER FACTORS/CONDITIONS MAY OR MAY NOT HAVE CONTRIBUTED

UNIT 1	1	2	3
	4	22	
UNIT 2	1	2	3

UNIT 1	1	2
	1	2
UNIT 2		

- 0-NO CONTROL OR INOPERATIVE
1-OFFICER OR FLAGMAN
2-STOP AND GO SIGNAL
3-STOP SIGN
4-FLASHING RED LIGHT

TRAFFIC CONTROL

- 5-TURN MARKS
6-WARNING SIGN
7-RR GATES OR SIGNALS
8-YIELD SIGN
9-CENTER STRIPE OR DIVIDER
10-NO PASSING ZONE
11-OTHER CONTROL

9

- ANIMAL ON ROAD - DOMESTIC
- ANIMAL ON ROAD - WILD
- BACKED WITHOUT SAFETY
- CHANGED LANE WHEN UNSAFE
- DEFECTIVE OR NO HEAD LAMPS
- DEFECTIVE OR NO STOP LAMPS
- DEFECTIVE OR NO TAIL LAMPS
- DEFECTIVE OR NO TURN SIGNAL LAMPS
- DEFECTIVE OR NO TRAILER BRAKES
- DEFECTIVE OR NO VEHICLE BRAKES
- DEFECTIVE STEERING MECHANISM
- DEFECTIVE OR SICK TIRES
- DEFECTIVE TRAILER HITCH
- DISABLED IN TRAFFIC LANE
- DISREGARD STOP AND GO SIGNAL
- DISREGARD STOP SIGN OR LIGHT
- DISREGARD TURN MARKS AT INTERSECTION
- DISREGARD WARNING SIGN AT CONSTRUCTION

18. DISTRACTION IN VEHICLE
19. DRIVER INATTENTION
20. DROVE WITHOUT HEADLIGHTS
21. FAILED TO CONTROL SPEED
22. FAILED TO DRIVE IN SINGLE LANE
23. FAILED TO GIVE HALF OF ROADWAY
24. FAILED TO HEED WARNING SIGN
25. FAILED TO PASS TO LEFT SAFELY
26. FAILED TO PASS TO RIGHT SAFELY
27. FAILED TO SIGNAL OR GAVE WRONG SIGNAL
28. FAILED TO STOP AT PROPER PLACE
29. FAILED TO STOP FOR SCHOOL BUS
30. FAILED TO STOP FOR TRAIN
31. FAILED TO YIELD ROW - EMERGENCY VEHICLE
32. FAILED TO YIELD ROW - OPEN INTERSECTION
33. FAILED TO YIELD ROW - PRIVATE DRIVE
34. FAILED TO YIELD ROW - STOP SIGN
35. FAILED TO YIELD ROW - TO PEDESTRIAN

36. FAILED TO YIELD ROW - TURNING LEFT
37. FAILED TO YIELD ROW - TURN ON RED
38. FAILED TO YIELD ROW - YIELD SIGN
39. FATIGUED OR ASLEEP
40. FAULTY EVASIVE ACTION
41. FIRE IN VEHICLE
42. FLEEING OR EVADING POLICE
43. FOLLOWED TOO CLOSELY
44. HAD BEEN DRINKING
45. HANDICAPPED DRIVER (EXPLAIN IN NARRATIVE)
46. IMPAIRED VISIBILITY (EXPLAIN IN NARRATIVE)
47. IMPROPER START FROM PARKED POSITION
48. IMPROPER TURN FROM PARKED POSITION
49. OPENED DOOR INTO TRAFFIC LANE
50. OVERSIZE VEHICLE OR LOAD
51. OVERTAKE AND PASS INSUFFICIENT CLEARANCE
52. PARKED AND FAILED TO SET BRAKES
53. PARKED IN TRAFFIC LANE

54. PARKED WITHOUT LIGHTS
55. PASSED IN NO PASSING LANE
56. PASSED ON RIGHT SHOULDER
57. PEDESTRIAN FAILED TO YIELD ROW TO VEHICLE
58. SPEEDING - UNSAFE (UNDER LIMIT)
59. SPEEDING - OVER LIMIT
60. TAKING MEDICATION (EXPLAIN IN NARRATIVE)
61. TURNED IMPROPERLY - CUT CORNER ON LEFT
62. TURNED IMPROPERLY - WIDE RIGHT
63. TURNED IMPROPERLY - WRONG LANE
64. TURNED WHEN UNSAFE
65. UNDER INFLUENCE - ALCOHOL
66. UNDER INFLUENCE - DRUG
67. WRONG SIDE - APPROACH OR IN INTERSECTION
68. WRONG SIDE - NOT PASSING
69. WRONG WAY - ONE WAY ROAD
70. DRIVER INATTENTION - (CELL / MOBILE PHONE USE)
71. ROAD RAGE
72. OTHER FACTOR (WRITE ON LINE BELOW)

Witness #
Witness #

NAME

ADDRESS

PHONE / OTHER

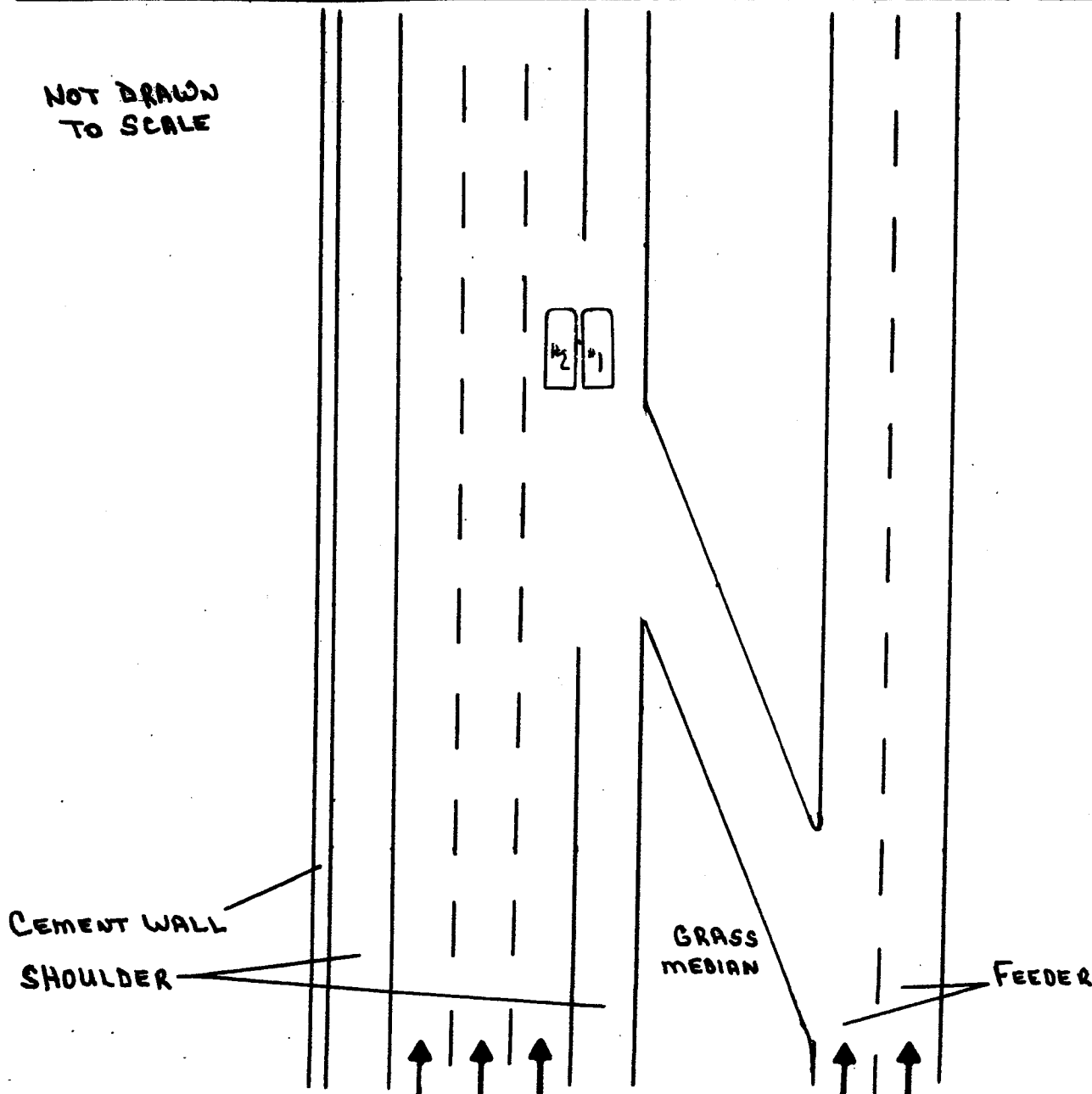
TEXAS PEACE OFFICER'S ACCIDENT REPORT ST-3 (REV. 1/1/00)

MAIL TO: ACCIDENT RECORDS, TEXAS DEPARTMENT OF PUBLIC SAFETY, PO BOX 40807, AUSTIN TX 78773-8087

PLACE WHERE ACCIDENT OCCURRED		CITY OR TOWN		Texas City	
COUNTY	Galveston	CITY OR TOWN		Texas City	
IF ACCIDENT WAS OUTSIDE CITY LIMITS		SHOW ONLY IF INSIDE CITY LIMITS			
INDICATE DISTANCE FROM NEAREST TOWN		MILES		NORTH S E W OF	
ROAD ON WHICH ACCIDENT OCCURRED		CONSTR. ZONE		SPEED LIMIT	
BLOCK NUMBER		STREET OR ROAD NAME		ROUTE NUMBER OR STREET	
INTERSECTING OR RR X'ING NUMBER		CONSTR. ZONE		SPEED LIMIT	
BLOCK NUMBER		STREET OR ROAD NAME		ROUTE NUMBER OR STREET	
NOT AT INTERSECTION		114		HOLLAND ROAD	
DATE OF ACCIDENT		DAY OF WEEK		HOUR	
10-18-05		TUESDAY		8:52	

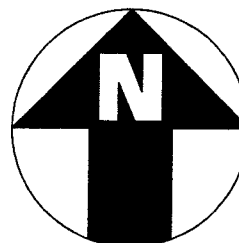
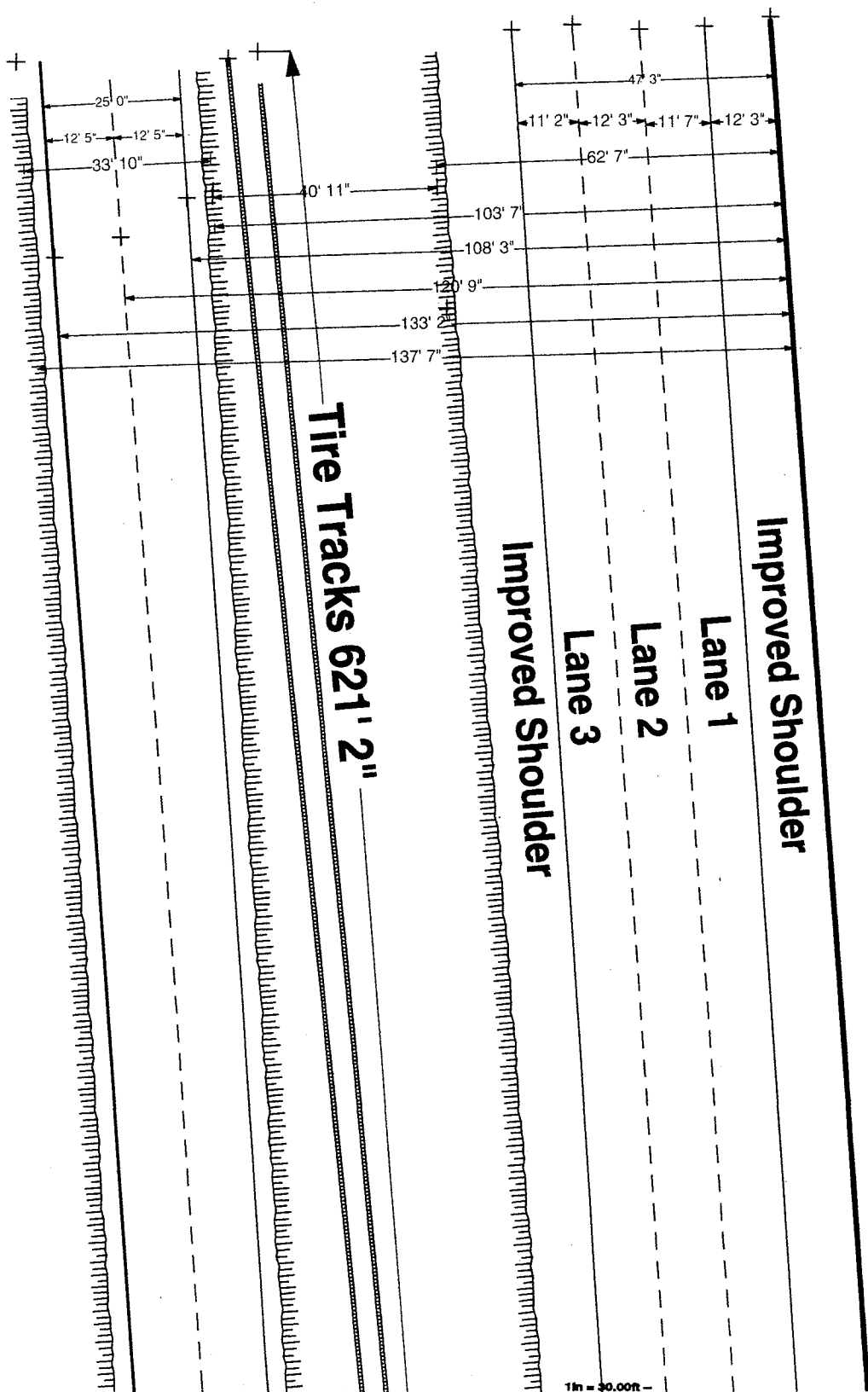
LOC. NO.	
DO NOT WRITE IN THIS SPACE	DPS NO.
LOC.	
CODE	
SEVERITY	
FAT. RPT.	
DR. REC.	

NOT DRAWN TO SCALE



TIME NOTIFIED OF ACCIDENT	10-18-05 8:52am	HOW	Radio Dispatched	TIME ARRIVED AT SCENE OF ACCIDENT	10-18-05 8:57am
TYPED OR PRINTED NAME OF INVESTIGATOR	C. Corporal Rich	DATE REPORT MADE	10-18-05	IS REPORT COMPLETE	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
SIGNATURE OF INVESTIGATOR	C. Rich	ID NO.	018	DEPARTMENT	Texas City Police
				DIST./AREA	5

05-10172



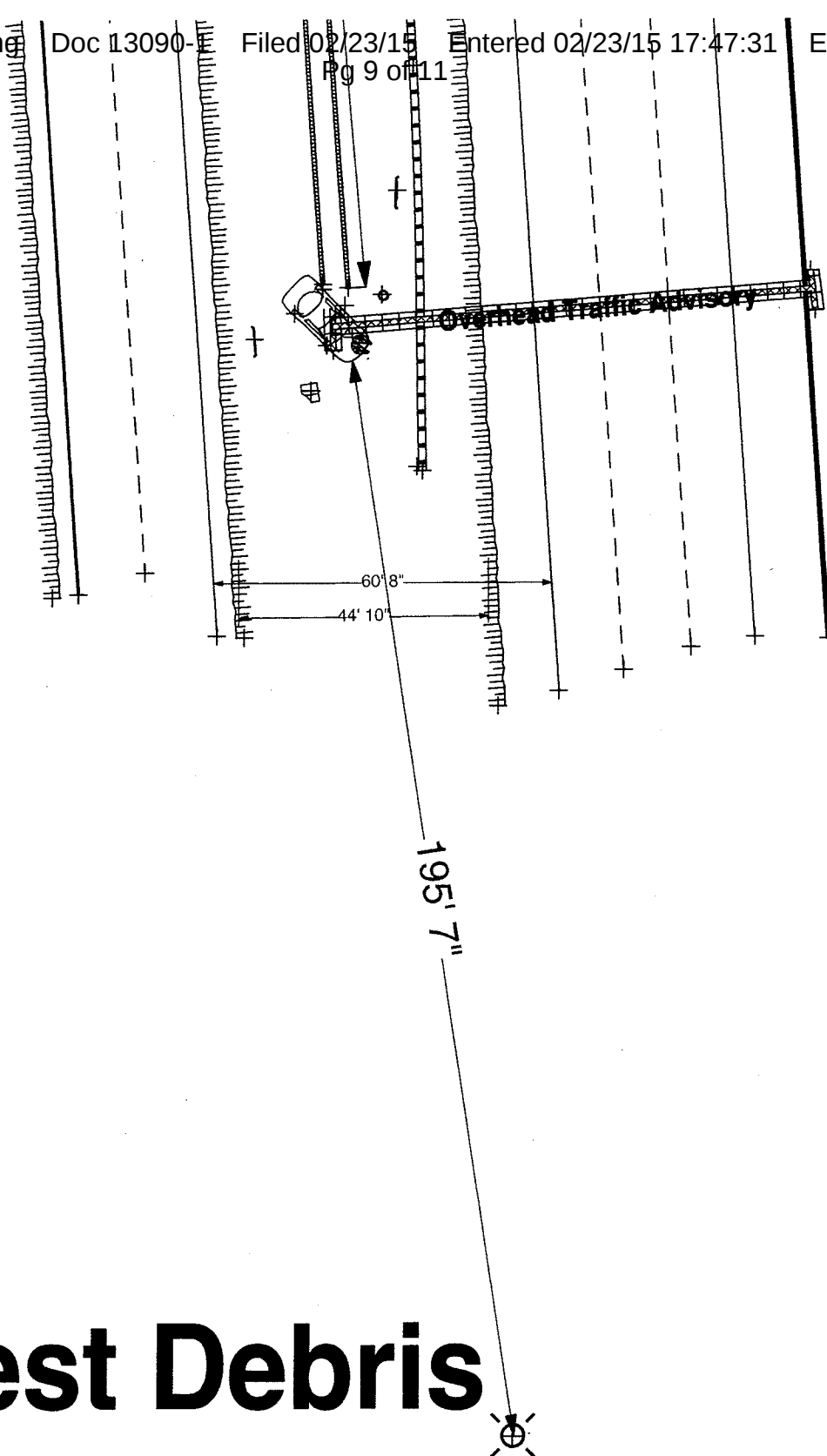
Date: October 18, 2005
Fatality Accident 05-10165
Drawn By Ofc. Chris L. Marshall for
Accident Investigator Chet Rich
Scale 1 in= 26.00ft

IH-45 South Bound Main Slab

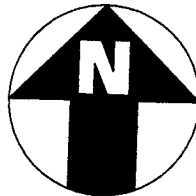
Grassy Median

Gaurdtrail Barrier

IH-45 South Bound Feeder



Farthest Debris



IH-45 South Bound Main Slab

Improved Shoulder

Lane 1

Lane 2

Right Mirror Lane 3

Improved Shoulder

Mirror Motor

Grassy Median

IH-45 South Bound Feeder

Date: October 18, 2005

Fatality Accident 05-10165

Drawn By Ofc. Chris L. Marshall for
Accident Investigator Chet Rich

